	TANF 307-1
Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Third Party Liability/Health Insurance Premium Payment System (TPL/HIPPS)

**Supersedes:** TANF307-1 (07/01/02)

**References:** ARM 37.78.102 and .206

GENERAL RULE-- As a condition of eligibility for TANF cash assistance, all filing units must cooperate with the Third Party Liability (TPL) Unit for both TPL and the Health Insurance Premium Payment

System (HIPPS).

**DEFINITIONS** Third Party Liability (TPL): The legal liability of a third party to pay for

services provided. Third party means any individual, entity or program that is or may be liable to pay all or part of the expenditures for medical

assistance.

One aspect of TPL is the Trauma Questionnaire. When the TPL Unit sends a questionnaire regarding a specific injury to a Medicaid household, the caretaker relative must complete the questionnaire and return it to the TPL Unit within the specified timeframe. If the questionnaire is not received within the timeframe, and the TPL Unit notifies the county OPA, the <a href="household">household</a> will lose TANF cash assistance eligibility until such time as the TPL Unit receives the completed questionnaire.

Health Insurance Premium Payment System (HIPPS): Payment of costeffective individual or group health plan premiums as a Medicaid benefit.

effective individual or group health plan premiums as a Medicaid benefit.

Medicaid will pay the <u>group</u> plan premiums or reimburse the recipient when the TPL Unit determines it is a cost-effective plan. When an ineligible family member must be enrolled in the group health plan to obtain coverage for the Medicaid eligible member (e.g., parent must be enrolled in order to enroll the child), Medicaid may also pay premiums for

the ineligible family member.

NOTE: Maintaining cost effective health insurance is a basic

**eligibility requirement for TANF**. If group health insurance was determined to be cost-effective and the individual either dropped the coverage or failed to enroll, the TANF case will be

closed until:

they are eligible to enroll and

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		mplete the enrollment process for group ge, during the next enrollment period.	
2	the individual ei within a 60 day	erage was determined to be cost-effective a either dropped COBRA or did not enroll (usually period), the TANF case will remain closed untithe month in which the 60 <sup>th</sup> day falls.	
≥	If the recipient's <u>private</u> individual health plan is determined to be cost effective, and the recipient drops the insurance, discuss the specific circumstances and the action to be taken with your Regional Policy Specialist on a case-by-case basis.		
	•	omen may enroll in health plans without being considered a pre-existing condition.	
	For more information on 1	TPL see FMA-307-1.	
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